PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

0940

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:
County Somerset
City or town West Post Office
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stillborn Infant Cannon

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	B	—

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 22, 1940

8. AGE:

Years	Months	Days	If less than one day
—	—	—	hrs. min.

9. Birthplace Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden name Virginia Cannon
15. Birthplace Princess Anne Md

16. Informant Oscar Cannon
Address Princess Anne

17. Burial Date thereof Jan 24 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory West Post Office
Location West Post Office

18. Funeral director Wm James & Son
Address Princess Anne Md

19. Jan 22 1940 J J Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 22 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19,
and that I last saw h alive on 19.

Immediate cause of death Stillborn — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J J Smith M.D. or other
Address Princess Anne Md Date signed 1-22-40

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FEB 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

130 0941

1. PLACE OF DEATH

County Somerset Registration Dist. No. 260

Village or City Pr. Anne, Md R.F.D. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia Cannon If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not married

6. DATE OF BIRTH (month, day, and year) Apr. 27, 1925

7. AGE Years 14 Months May Days 25 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. House work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Oscar Cannon

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lilly Poole

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Oscar Cannon (Address) Princess Anne Md

18. BURIAL, CREMATION, OR REMOVAL Place West P.C. Date Jan 24, 1940

19. UNDERTAKER Wm James Hon (Address) Princess Anne Md

20. FILED 1/22, 1940 T. J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 22 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Uremia	Jan 21-40
Uremia Convul.	

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. J. Smith M. D.

(Address) Princess Anne Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

I

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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FEB 8 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

0942

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

33-a

CERTIFICATE OF DEATH

Reg. Dist. No. 263

1. PLACE OF DEATH:

County Somerset

City or town Mt Vernon R.F.D. #2

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) none

Stay in this community (yrs., or mos., or days) 72

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Somerset

City or town Mt Vernon R.F.D. #2 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Annie Elizabeth Dashiell

3. (b) Social Security Number none

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife William D. Dashiell

6(c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) March 15th, 1868

8. AGE: Years 72 | Months 9 | Days 23 | If less than one day ___ hrs. ___ min.

8. Birthplace Mt Vernon, Somerset Md.

(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER

12. Name Risdon Bloodsworth

13. Birthplace Mt Vernon Md.

MOTHER

14. Maiden name Ann Mirah Marsh

15. Birthplace Smiths Island Md.

16. Informant Mrs. J. Rolland Dashiell

Address Salisbury Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof January 10, 1940 (month) (day) (year)

Cemetery or crematory John Wesley

Location Mt Vernon Md.

18. Funeral director Dale Dashiell

Address Princess Anne Md.

19. Jan. 10 1940 (Date rec'd by registrar) Stephen O. Hopkins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8th 1940, at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 2nd 1940, to Jan. 8th 1940, and that I last saw her alive on Jan. 8th 1940.

Immediate cause of death: Fr. Grippe

Due to

Due to Lobar Pneumonia

Other conditions Ch. Myocarditis

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy

DURATION: 1/2/40 to 1/8/40; 1/7/40

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Thos. B. Wheeley M.D. M. D. or other

Address Princess Anne Md. Date signed 1/9/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

M T I

RECEIVED
FEB 8 1949
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(61)

0943

Reg. Dist. No. 26 5

WITHIN CORPORATE LIMITS OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Somerset

City or town: Crisfield Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Chesapeake Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Arintha Dise

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: McCleland Dise

6(c) If alive, give age: 76 years

7. Birth date of deceased (mo., day, yr.): Dec. 26th, 1866

8. AGE:

Years	Months	Days	If less than one day
73	1	4	hrs. min.

9. Birthplace: Somerset Co. Md

(Town, county, and state)

10. Usual occupation: Housekeeper.

11. Industry or business

FATHER

12. Name: Louis Dise

13. Birthplace: Md.

MOTHER

14. Maiden name: Sallie Ward

15. Birthplace: Md

16. Informant: McCleland Dise

Address: Crisfield, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 2nd (month) (day) (year)

Cemetery or crematory: Crisfield Cemetery

Location: Md.

18. Funeral director: L. L. Lawson & Son

Address: Crisfield, Md.

19. Feb. 1 (Date rec'd by registrar) 1940 C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 30 1940, at 1:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 29 1940 to Jan. 30 1940 and that I last saw her alive on Jan. 27 1940

Immediate cause of death	DURATION
Acute Dilatation of Heart. Coma	
Due to Diabetes Mellitus	Yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Silas P. Schwatka M. D. or other

Address: Crisfield Date signed: Feb. 1/40

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MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

0944

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Chesapeke Ave Ex.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Somerset
City or town: Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Chesapeke Ave, extended
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Wm. H. Dryden

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Alida J. Dryden
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 8th 1884

8. AGE: Years: 55 Months: 4 Days: 12 If less than one day: hrs. min.

9. Birthplace: Somerset Co. Md. (Town, county, and state)

10. Usual occupation: Ex Sheriff and Sea Food Dealer

11. Industry or business: Packing and shipping Sea Food

FATHER
12. Name: Whittington Dryden
13. Birthplace: Md.

MOTHER
14. Maiden name: Emma S. Evans
15. Birthplace: Md.

16. Informant: Alida J. Dryden
Address: Crisfield Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 22nd /40 (month) (day) (year)
Cemetery or crematory: Sunny Ridge Cemetery
Location: near Crisfield. Md.

18. Funeral director: J. D. Lawson & Son
Address: Crisfield. Md.

19. Jan. 21 19 40 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 20th 1940, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1939, to Jan 20 1940 and that I last saw h— alive on Jan 20 1940

Immediate cause of death	DURATION
Chronic Angina	
Due to Chronic Dil myocarditis	
Asma sypendeltra	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: George E. Coulbourn M.D.
M. D. of other
Address: Marion Sta. Md. Date signed: Jan 22.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 3 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01152

Reg. Diat. No. 2 6 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Somerset
City or town Rhodes Point
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Rhodes Point Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME No Name Evans

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
boy	White	single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1 1940

8. AGE: Years — Months — Days — If less than one day hrs. min.

9. Birthplace Ewell
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Willie M Evans
13. Birthplace Tylerton md

MOTHER
14. Maiden name Ester Middleton
15. Birthplace Ewell md

16. Informant Mrs Lynnette Hoffman
Address Rhodes Point

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 1 1940 (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar) 19 40 Carrie Ruter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1940, at 7:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19.

Immediate cause of death	DURATION
Due to Still Born.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Lynnette Hoffman mid Wife
M. D. or other
Address R. Rhodes Point md Date signed

RECEIVED
OCT 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

0945

Reg. Dist. No. 263

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Somerset

City or town Pr Anne Md R.F.D near Mt. Vernon
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Somerset

City or town Pr Anne Md - Mt Vern Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. near Mt. Vernon
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Boy Holbrook

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	C	S

6 (b) Name of husband or wife Elsie Holbrook

Pr Anne Md 6(c) If alive, give age 16 years

7. Birth date of deceased (mo., day, yr.) Stillborn

8. AGE: Years	Months	Days	If less than one day
0 0	0	0	0 hrs. 0 min.

9. Birthplace Mt. Vernon
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name William Burke

13. Birthplace Md

MOTHER 14. Maiden name Elsie Holbrook

15. Birthplace Md.

16. Informant mother

Address Pr Anne. Md.

17. _____ Date thereof _____
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director Jesse Holbrook (grandfather)

Address Pr Anne. Md. Mt. Vernon

19. Jan 23 1940 Stephens O. H. Stephens
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/19/40 1940, at 12 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____, to _____ 19____, and that I last saw h____ alive on _____ 19____.

Immediate cause of death	DURATION
Stillborn	
Due to Insufficient	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — — —
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Geo. B. Mulconroe M. D. or other

Address Princess Anne Date signed 1/23/40

RECEIVED
FEB 8 1940
BUREAU V. S.

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-E)

CERTIFICATE OF DEATH

0946

Reg. Dist. No. 270

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Somerset
County
City or town: Crisfield Rual
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Somerset
City or town: Crisfield Md Rual Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Samuel Harold Horsey

3. (b) Social Security Number: 217-09-0557

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife: Cora Horsey
6(c) If alive, give age: 51 ? years

7. Birth date of deceased (mo., day, yr.): June 26 1886

8. AGE: Years	Months	Days	If less than one day
53	6	15	hrs. min.

9. Birthplace: Crisfield Somerset Md
(Town, county, and state)
10. Usual occupation: Oyster shucker
11. Industry or business: Oyster House

FATHER
12. Name: Edward Horsey
13. Birthplace: Crisfield Md

MOTHER
14. Maiden name: Addie L Ward
15. Birthplace: Crisfield Md

16. Informant: Stanley Horsey
Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 14 1940 (month) (day) (year)
Cemetery or crematory: Lawsonia Cemetery
Location: Near Crisfield Md
18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. Jan 12 1940 C. E. Collins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 11 1940, at 9A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 12 1939, to Jan 11 1940, and that I last saw him alive on Jan 11 1940.

Immediate cause of death	DURATION
Mitral insufficiency	10/12/39
Due to	
Due to	
Other conditions: Edema	1/8/40

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: W J Bradley M.D.
M. D. or other
Address: Date signed

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FEB 3 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

0947

CERTIFICATE OF DEATH

Reg. Dist. No. 264

1. PLACE OF DEATH:

County Somerset

City or town Fairmount, Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Fairmount Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Sarah Houghton

3. (b) Social Security Number: None

4. Sex: female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: William Sidney Houghton

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): April 7, 1852

8. AGE: Years 87 | Months 9 | Days 6 | If less than one day ____ hrs. ____ min.

9. Birthplace: Chelsea, England
(Town, county, and state)

10. Usual occupation: housewife

11. Industry or business

FATHER
12. Name: unknown
13. Birthplace: "

MOTHER
14. Maiden name: unknown
15. Birthplace: "

16. Informant: Somerset County Welfare Board

Address: Princess Anne, Maryland

17. burial (Burial, cremation, or removal. Which?) Date thereof 1/15/40 (month) (day) (year)

Cemetery or crematory: Fairmount Cemetery

Location: Fairmount, Md

18. Funeral director: Harry B. Miles

Address: Fairmount, Maryland

19. Jan 15th 1940 (Date rec'd by registrar) R. Ollickinson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 13th 1940, at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 27 1931, to June 13th 1940, and that I last saw her alive on June 12th 1940.

Immediate cause of death: Ch. Myocarditis Failure

Due to: Ch. Myocarditis

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Princess Anne Date signed 1/15/40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

0948

Reg. Dist. No. 761

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: Marion
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 61-4-12

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Marion Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Aurealia Johnson

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Col	Widowed

6 (b) Name of husband or wife: John A Johnson

6(c) If alive, give age: deseased years

7. Birth date of deceased (mo., day, yr.): Sept 19 1878

8. AGE: Years	Months	Days	If less than one day
61	4	12	hrs. min.

9. Birthplace: Marion Md (City or town, State)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Elijah Dixon
13. Birthplace: Marion Md

MOTHER
14. Maiden name: Alexzine Penton
15. Birthplace: Marion Md

16. Informant: John A Johnson Jr
Address: Marion Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 2 1940 (month) (day) (year)
Cemetery or crematory: Wesley Cemetery
Location: Marion Md

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. 2/2 (Date rec'd by registrar) 1940 Pauline B. Lawson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 30th. 1940, at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 22 1939, to January 22 1940, and that I last saw her alive on January 22 1940.

Immediate cause of death	OURATION
Chronic Myocarditis	
Due to Chronic Arthritis	
Due to Infection	
Due to	
Other conditions Mal nutrition	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: No Operation
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Edwin J. Ward M. D. or other
Address: Crisfield Md. Date signed 4/31/40

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MAR 2 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (58)

CERTIFICATE OF DEATH

0949

Reg. Dist. No. 268

1. PLACE OF DEATH:

County Somerset

City or town Chance Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Chance Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William D. Kelley

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name ~~of husband or~~ wife Iva Kelley

6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Nov. 27th ~~1871~~ 1868

8. AGE: Years 71 | Months 1 | Days 6 | If less than one day ___ hrs. ___ min.

9. Birthplace Chance Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business "

FATHER

12. Name William Kelley

13. Birthplace Chance Md

MOTHER

14. Maiden name Kate Shores

15. Birthplace Chance Md

16. Informant Mrs Iva Kelley

Address Chance Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 5-1940 (month) (day) (year)

Cemetery or crematory Chance M.E. Cemetery

Location Chance Md

18. Funeral director N G Webster

Address Deals Island Md

19. Jan 5 1940 (Date rec'd by registrar) Rosa Webster Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3d 1940, at 7A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 23 1939, to Jan 3 1940, and that I last saw him alive on Jan 3 1940.

Immediate cause of death Carcinoma of face - infiltrated into brain

DURATION 2 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Victor L. Szenton M. D. or other

Address Deal Island Date signed 1-4-39

Authorization to change year of birth see letter filed under Spartan in permanent file. 3/6/40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

OUTSIDE CORPORATE LIMITS OF

CERTIFICATE OF DEATH

0950

Reg. Dist. No. 270

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: McCready Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days): 15 hours

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Somerset

City or town: Crisfield Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: W Main Street (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Bayard Witfield Lowe

3. (b) Social Security Number: None

4. Sex: M

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Glennie Lowe

6(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): Feb 11 1861

8. AGE: Years 78 Months 10 Days 22 If less than one day ___ hrs. ___ min.

9. Birthplace: ? Northumberland, Virginia (Town, county, and state)

10. Usual occupation: Waterman

11. Industry or business: Sea Food

FATHER

12. Name: Lemuel Lowe

13. Birthplace: ? Virginia

MOTHER

14. Maiden name: Sarah Jane Haynie

15. Birthplace: ? Virginia

16. Informant: Frank Lowe

Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 5 1940 (month) (day) (year)

Cemetery or crematory: Crisfield

Location: Crisfield Md

18. Funeral director: John A Bradshaw

Address: Crisfield Md

19. Jan. 4, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 3 1940, at 7:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 2 1940, to Jan. 3 1940, and that I last saw him alive on Jan. 2 1940.

Immediate cause of death: Accidental burn — DURATION: 15 hrs

Due to:

Due to:

Other conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of: Jan. 2, 1940

Where did injury occur? Crisfield (City or town) Somerset (County) Maryland (State)

Injured at home, farm, industry, public place (where?): home

Means of injury: Set fire to clothing with pipe Injured at work? no

23. SIGNATURE: S. M. Peyton M. D. (M. D. or other)

Address: Crisfield, Md Date signed: Jan. 5, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (I)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

0951

CERTIFICATE OF DEATH

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Somerset

City or town East Princess Anne, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: none

Stay in hospital or inst. (yrs., or mos., or days) ———

Stay in this community (yrs., or mos., or days) ———

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Somerset

City or town East Princess Anne R.F.D. #2 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ———
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Iona Rebecca Marriner

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

B (b) Name of husband or wife James T. Marriner

6(c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) May 30 1870

8. AGE: Years	Months	Days	If less than one day
69	7	20	——— hrs. ——— min.

9. Birthplace East Princess Anne, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Stephen R. Haymon

13. Birthplace East Princess Anne, Md.

MOTHER 14. Maiden name Louisa Casey

15. Birthplace East Princess Anne Md

16. Informant James T. Marriner

Address East Princess Anne Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 23 1940 (month) (day) (year)

Cemetery or crematory Perryhawkin Cemetery

Location East Princess Anne, Md.

18. Funeral director Hale Washiell

Address Princess Anne Md.

19. Jan 22 1940 (Date rec'd by registrar) T. J. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20th 1940, at ——— M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ——— 19——, to ——— 19——, and that I last saw h—— alive on ——— 19——.

Immediate cause of death Cerebral Hemorrhage DURATION 2 hours

Due to Arteriosclerosis

Due to ———

Other conditions ———

(Include pregnancy within 3 months of death)

Major findings:

Of operations ———

Of autopsy ———

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ——— Date of ———

Where did injury occur? ——— (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ———

Means of injury ——— Injured at work?

23. SIGNATURE T. J. Smith M. D. or other

Address Princess Anne Md Date signed 1-22-40

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0952

Reg. Dist. No. 265

WITHIN CORPORATE LIMITS OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Tyler st

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Somerset

City or town: Crisfield Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Tyler st

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby menegu

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	C.	

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 18, 1940

8. AGE: Years	Months	Days	If less than one day
stillbirth			hrs. min.

9. Birthplace: Crisfield Md (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name: Clayton Menegu

FATHER 13. Birthplace: Va

MOTHER 14. Malden name: Anglin Noel

MOTHER 15. Birthplace: Va

18. Informant: Mother

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory: Family Lot

Location: Crisfield Md.

18. Funeral director: Otha Gale

Address: Crisfield Md.

19. Jan. 19, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 18 stillbirth 19 40, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19, to 19,

and that I last saw h alive on 19.

Immediate cause of death	DURATION
premature separation of placenta	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: S. Alexander Rees M.D. M.D. or other

Address: Crisfield Date signed

RECEIVED
FEB 9 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0953

1. PLACE OF DEATH

County Somerset — CORPORATE LIMITS OF — Registration Dist. No. 270

Village or City Marion sta — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 57 yrs. 4 mos. 24 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Ira Miles — If U. S. Veteran, specify WAR ____

(a) Residence: No. Marion sta Md St., ____ Ward. Social Security #214-03-7559

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Col.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Miles

6. DATE OF BIRTH (month, day, and year) Sept 11 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	57	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ____

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Labor

10. Date deceased last worked at this occupation (month and year) ____ — 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Md (State or country)

FATHER

13. NAME George Miles

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Mary Ballard

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT James Miles (Address) Marion Md

18. BURIAL, CREMATION, OR REMOVAL Place Family burying ground Date Jan 22, 1940

19. UNDERTAKER Geo W. Tilghman (Address) Marion Md

20. FILED 1/22, 1940 Aurelia B. Lawson, C. E. Collins, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 18 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939, to Jan 18, 1940

I last saw him alive on Jan 5, 1940; death is said to have occurred on the date stated above, at 9 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Embolia	Jan 18, 40

Other Contributory Causes of Importance:

Chronic myocarditis	
Chronic Dust reflexitis	1 year

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) George C. Coulbourn M. D.

(Address) Marion sta Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (186a)

0954

OUTSIDE CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:
County Somerset
City or town Crisfield (Rural)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Somerset
City or town Crisfield Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elena E. Owens.

3. (b) Social Security Number

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Widow
B (b) Name of husband or wife J. Edward Owens deceased
6(c) If alive, give age years
T. Birth date of deceased (mo., day, yr.) Sept. 10th 1871

8. AGE: Years 68 Months 3 Days 21 If less than one day hrs. min.

9. Birthplace Somerset Co Md (Town, county, and state)
10. Usual occupation Housekeeper
11. Industry or business
FATHER 12. Name George J. Owens.
13. Birthplace Md.
MOTHER 14. Maiden name Kessie Ward.
15. Birthplace Md.
1B. Informant Warren Owens.
Address Crisfield, Md.
1T. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Jan 3 1940 (month) (day) (year)
Cemetery or crematory Asbury Cemetery
Location near Crisfield Md
1B. Funeral director J. S. Dawson & Son
Address Crisfield Md.
19. Jan. 2, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1st 1940, at 12 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 20 1939, to Jan 1. 1940, and that I last saw her alive on Dec. 31 1939.
Immediate cause of death Acute dilatation of heart
DURATION 1 day
Due to Valvular Heart disease
Gall Bladder disease (12 yrs)
Due to Asthenia
Other conditions Fracture of right femur; due to an accidental fall. cwt
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of December 21, 1939.
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) in her home
Means of injury Accidental fall. Injured at work?

23. SIGNATURE Chas. P. Schwatka M. D. or other
Address Crisfield Date signed Jan 2/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A16

RECEIVED
FEB 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

0955

CERTIFICATE OF DEATH

(93-d)

Reg. Dist. No. 260

1. PLACE OF DEATH:
County: Somerset
City or town: Near Eden, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Rural Near Eden, Route I
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Rural Near Eden Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Near Eden, Md.,
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Edelbert W. Plew

3. (b) Social Security Number: —

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name ~~of husband or~~ wife: Carrie E. Thomas
6(c) If alive, give age: 56 years
7. Birth date of deceased (mo., day, yr.): Oct. 13, 1883

8. AGE: Years: 56 Months: 2 Days: 25 If less than one day: — hrs. — min.

9. Birthplace: Herrick — Penn.
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: —

FATHER
12. Name: James Plew
13. Birthplace: No Record

MOTHER
14. Maiden name: Mary Warren
15. Birthplace: No Record

16. Informant: Mrs. Carrie E. Plew
Address: Eden Route No I

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 10, 1940 (month) (day) (year)
Cemetery ~~or crematory~~: Allen M. E. Church Yd.
Location: Allen, Maryland

18. Funeral director: The Hill and Johnson Co.
Address: East Main St. St Davis Salisbury Md

19. Jan. 10th 1940 (Date rec'd by registrar) J. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 8, 1940, at 11:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 15 1939, to Jan 8 1940, and that I last saw him alive on Jan 8 1940.

Immediate cause of death: Schlerotic Heart — DURATION: 1939
Due to: Hypertension — 1939
Due to: Arter Sclerosis — 1938
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: W. D. Davis M. D. or other
Address: Salisbury Md Date signed: 1/10/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(I)

RECEIVED
FEB 6 1940
BUREAU V. S.

0956

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset

City or town Crisfield, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Somerset

City or town Crisfield Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Cove St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Anna Marish Riggin

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: D. Q. Riggin

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Jan. 17th 1861

8. AGE: Years 78 | Months 11 | Days 21 | If less than one day ____ hrs. ____ min.

8. Birthplace: Somerset Co., Md. (Town, county, and state)

10. Usual occupation: Housekeeper

11. Industry or business

FATHER

12. Name: Hance Aaron Sterling

13. Birthplace: Md.

MOTHER

14. Maiden name: Grace Lawson

15. Birthplace: Md.

16. Informant: Mrs. Irene Daugherty

Address: Crisfield Md.

17. Burial (Burial, ~~cremation, or removal, which?~~) Date thereof Jan. 10/40 (month) (day) (year)

Cemetery or crematory: Asbury Cemetery

Location: near Crisfield.

18. Funeral director: J. S. Lawson & Son

Address: Crisfield

19. January 9, 1939 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 7 1940, at 12 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 5 1940, to Jan 7 1940, and that I last saw her alive on Jan 7 1940.

Immediate cause of death: Lobar Pneumonia — DURATION: 4 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Sarah M. Peyton M.D. M. D. or other

Address: Crisfield Md. Date signed Jan. 7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

I

RECEIVED
FEB 9 1940
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (52)

CERTIFICATE OF DEATH

WITHIN CORPORATE LIMITS OF

Reg. Dist. No. 265 0957

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County ~~Wicomico~~ Somerset
City or town Crisfield
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: East Main St., Ext.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 41 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. East Main St., Ext
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John B. Robins

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

8 (b) Name of husband or wife Dawsey M. Robins
6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) April 10, 1871

8. AGE:

Years	Months	Days	If less than one day
68	8	26	hrs. min.

9. Birthplace Whitesport, Wicomico, New York
(Town, county, and state)
10. Usual occupation Lawyer
11. Industry or business
FATHER 12. Name Bartholomew M. Robins
13. Birthplace England
MOTHER 14. Maiden name Emily Ann Bickel
15. Birthplace England
16. Informant Stanley G. Robins,
Address Salisbury, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/9/40 (month) (day) (year)
Cemetery or crematory Parsons
Location Salisbury, Md.
18. Funeral director The Hill & Johnson Co.
Address Salisbury, Md.
19. Jan. 8 19 40 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 6, 1940, at 11.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 15 1939, to Jan 6 1940, and that I last saw h-- alive on Jan 6 1940

Immediate cause of death	DURATION
Acute Dilatation of Heart	
Due to	
Due to	
Other conditions Carcinoma of Breast	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma.
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Geo. C. Corkran M. D. or other
Address Main St. Date signed Md Jan 8 39

RECEIVED
FEB 3 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

0958

CERTIFICATE OF DEATH

Reg. Dist. No. 268

1. PLACE OF DEATH:

County Somerset

City or town Deals Island Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles F. Wallace

3. (b) Social Security Number

4. Sex Male

5. Color or race Blk

6. (a) Single, married, widowed, or divorced Widower

6 (b) Name ~~of husband or~~ wife Octavia Wallace

6(c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) May 17 - 1872

8. AGE: Years 67 Months 8 Days 2 If less than one day hrs. min.

9. Birthplace Deals Island Md (Town, county, and state)

10. Usual occupation Labor

11. Industry or business

FATHER 12. Name Arnold Wallace

13. Birthplace Deals Island Md

MOTHER 14. Maiden name Eliza Wallace

15. Birthplace Deals Island Md

16. Informant Eliza Wallace Jr

Address Deals Island Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 26-1940 (month) (day) (year)

Cemetery or crematory John Wesley Cemetery

Location Deals Island Md

18. Funeral director L G Welsh

Address Deals Island Md

19. Jan 25 1940 (Date rec'd by registrar) Ross Webster Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 24th 1940, at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 21 1940, to Jan 24 1940, and that I last saw him alive on Jan 21 1940.

Immediate cause of death Cerebral hemorrhage

Due to

Due to

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Victor L. Stanton M.D. M. D. or other

Address Deal Island Date signed 1-24-40

RECEIVED
SEP 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0959

Reg. Dist. No. 270

OUTSIDE CORPORATE LIMITS OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Rural near Crisfield
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Somerset
City or town: Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Rural
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Irene M. Ward.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: E. James Ward. Deceased
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 3rd 1861

8. AGE:

Years	Months	Days	If less than one day
78	11	30	hrs. min.

9. Birthplace: Somerset Co. Md. (Town, county, and state)
10. Usual occupation: Housekeeper
11. Industry or business:
FATHER 12. Name: L. Dan Lawson
13. Birthplace: Md.
MOTHER 14. Maiden name: Sallie Davey.
15. Birthplace: Md.
16. Informant: Elmer Ward.
Address: Crisfield. Md.
17. Burial (Burial, cremation, or removal? Which?) Date thereof Jan 5th 1940 (month) (day) (year)
Cemetery or crematory: Asbury Cemetery.
Location: near Crisfield
18. Funeral director: L. D. Lawson & Son.
Address: Crisfield. Md.
19. Jan. 3rd 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 2nd 1940, at 8:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 24 1939, to Jan. 2 1940, and that I last saw h alive on Jan. 2 1940.

Immediate cause of death	DURATION
Lobar Pneumonia	1 wk
Due to	
Due to	
Other conditions Chronic myocarditis & arteriosclerosis fibrillation	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: injured at work?

23. SIGNATURE: Sarah M. Payton M. D. M. D. or other
Address: Crisfield. Md. Date signed: Jan. 4, 1940

RECEIVED
FEB 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-a

CERTIFICATE OF DEATH

0960

Reg. Dist. No. 268

1. PLACE OF DEATH:

County Somerset

City or town Deals Island Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) two years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Somerset

City or town Deals Island Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Jennie White

3. (b) Social Security Number —

4. Sex F

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6 (b) ~~Name of husband or~~ wife Theodore White Deceased

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 19 - 1867

8. AGE: Years 73 Months 11 Days 21 If less than one day ___ hrs. ___ min.

9. Birthplace Oriole Md (Town, county, and state)

10. Usual occupation Houseduties

11. Industry or business Paper Hanging

FATHER 12. Name James Wilson

13. Birthplace Oriole Md

MOTHER 14. Maiden name Margaret Wilson

15. Birthplace Oriole Md

16. Informant Marguerite Coster

Address Deals Island Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 12/40 (month) (day) (year)

Cemetery or crematory Deals Island M.E.

Location Deals Island

18. Funeral director L.G. & F.T. Webster

Address Deals Island Md

19. Jan 11th 1940 (Date rec'd by registrar) Rosa Webster Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 10th 1940, at 7 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 20 1939, to Jan 10 1940, and that I last saw her alive on Jan 10 1940.

Immediate cause of death Cerebral hemorrhage — DURATION 3 wks

Due to Arteriosclerosis

Due to

Other conditions hemiparesis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Victor L. Spenton M.D. M. D. or other

Address Deal Island Date signed 1-11-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T) (I)

RECEIVED
FEB 7 1949
BUREAU V. S.

0961

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:
County: Somerset
City or town: Marion
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): ✗
Stay in this community (yrs., or mos., or days): About 72 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Marion Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Louise White

3. (b) Social Security Number: None

4. Sex: F
5. Color or race: Col
6. (a) Single, married, widowed, or divorced: Unknown
6 (b) Name of husband or wife: Unknown
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Unknown
8. AGE: Years: About 72 | Months | Days | If less than one day ____ hrs. ____ min.
9. Birthplace: Rehoboth Md (Town, county, and state)
10. Usual occupation: Domestic
11. Industry or business
FATHER 12. Name: Unknown
13. Birthplace: "
MOTHER 14. Maiden name: Unknown
15. Birthplace: "
16. Informant: Paul Gunby
Address: Marion Md
17. Burial (Burial, cremation, or removal, Which?) Date thereof: Feb 1 1940 (month) (day) (year)
Cemetery or crematory: Wesley cemetery
Location: Marion Md
18. Funeral director: John A Bradshaw
Address: Crisfield Md
19. 2/1 1940 (Date rec'd by registrar) Aurelia B. Lawson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 30 1940, at 6 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 1937, to ____ 19__, and that I last saw her alive on November 1937.
Immediate cause of death: Arteriosclerosis
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: S. M. Payton M.D. M. D. or other
Address: Crisfield, Md Date signed: Jan 31 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 2 1940
BUREAU V. S.

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (123)

0962

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: McCready Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Somerset

City or town: Marion Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Stephen Frank Whittington

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 1 1937

8. AGE: Years	Months	Days	If less than one day
2	6	8	hrs. min.

9. Birthplace: Marion, Somerset, Md (Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: Norman T Whittington
13. Birthplace: Marion Md

MOTHER
14. Maiden name: Golda Bradley
15. Birthplace: Federalsburg Md

16. Informant: Norman T Whittington
Address: Marion Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 14 1940 (month) (day) (year)

Cemetery or crematory: St Pauls cemetery

Location: Near Marion Md

19. Funeral director: John A Bradshaw
Address: Crisfield Md

19. 1/13 1940 (Date rec'd by registrar) Aurelia B. Pawson, Registrar
Deputy
C. Sen Collins

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 9 1940, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 9 1940, to Jan 12 1940, and that I last saw him alive on Jan 12 1940.

Immediate cause of death: Acute Dis Heart

Due to

Due to General Peritonitis due to Gangrene Diverticula

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Gangrene Diverticula of Ellen General Peritonitis
Of autopsy: —

DURATION: mother

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work?

23. SIGNATURE: George C. Coulburn M D
M. D. or other

Address: Marion Md Date signed: Jan 14 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (I) (T) (M)

RECEIVED
FEB 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0963

Reg. Dist. No. 270

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Rural near Crisfield
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Somerset
City or town: Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Rural near Crisfield
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary Elizabeth Wilson

3. (b) Social Security Number: None

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widow
(b) Name of husband or wife: George R. Wilson
(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): July 30th 1854
8. AGE: Years: 85 Months: 5 Days: 27 If less than one day: hrs. min.
9. Birthplace: Virginia (Town, county, and state)
10. Usual occupation: Housekeeper
11. Industry or business
FATHER 12. Name: George Elliott
13. Birthplace: Va.
MOTHER 14. Maiden name: Nancy Balance not known
15. Birthplace: Va.
16. Informant: Mrs. J. Francis Mister
Address: Crisfield, Md
17. Burial, cremation, or removal, which? Jan. 28th 1940 Date thereof 1/28/40 (month) (day) (year)
Cemetery or crematory: Asbury Cemetery
Location: near Crisfield
18. Funeral director: A. S. Lawson & Son
Address: Crisfield, Md.
19. Jan. 27, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 26 1940, at 6:15 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 20 1940, to Jan. 26 1940, and that I last saw h[illegible] alive on Jan. 26 1940.

Immediate cause of death	DURATION
Bronchial pneumonia	6 days
Due to	
Due to	
Other conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Dt operations:
Dt autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Samuel M. Payton M.D
M. D. or other
Address: Crisfield Md Date signed: Jan. 27

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
FEB 9 1949
BUREAU V. S.